



**UTAH HOUSE OF REPRESENTATIVES**

**2016 CONFLICT OF INTEREST &  
FINANCIAL DISCLOSURE**

*All versions of this document, including amended versions, shall remain on the legislative website and in the House main office (hard copy) for two years from the date the completed form is received by the Chief Clerk.*

**NOTE:** "preceding year" means the year immediately preceding the day on which the officeholder files a Conflict of Interest form. UCA: 20A-11-1602(6)

**1. Name of officeholder: Raymond P. Ward**

**2. Employment**

**(2014 Gen. Session, HB 394, pg. 21: An officeholder is required to disclose each of the officeholder's current employers, as well as employers during the preceding year.)**

<b>Name &amp; address of CURRENT employer(s)</b>  Cope Family Medicine LLC 620 Medical Drive, Ste 150 Bountiful, UT 84010	<b>Brief description of employment</b> Physician at a family practice clinic	<b>Occupation and/or job title</b>  Physician MD
<b>Name &amp; address of PRECEDING YEAR'S employer(s)</b>  Same	<b>Brief description of employment</b>	<b>Occupation and/or job title</b>

**3. Entities in which you are an owner or officer.**

[2014 Gen. Session, HB 394, pg. 21]

<b>CURRENT YEAR: Name of entities</b>  Lakehills Holdings, LLC	<b>Type of business or activity conducted by each entity</b>  Owns and rents space in a medical building	<b>Your position in each entity</b>  Part owner
<b>PRECEDING YEAR: Name of entities</b>	<b>Type of business or activity conducted by each entity</b>	<b>Your position in each entity</b>

**4. Each individual or entity from whom the regulated officeholder has received \$5,000 or more *in income* currently and during the preceding**

**NOTE: UCA 20A-11-1604 (5) (b): "in making the disclosure . . . , a regulated officeholder who provides goods or services to multiple customers or clients as part of a business or a licensed profession is only required to provide the information described in Subsection (4)(e) in relation to the entity or practice through which the regulated officeholder provides the goods or services and is not required to provide the information described in Subsection (4)(e) in relation to the regulated officeholder's customers or clients."**

Name of individual or entity	Type of business or activity conducted by the entity
Same as Section 2	

- 5. Each entity in which you currently hold any stocks or bonds having a fair market value of \$5,000 or more, including info for the preceding year.**  
 (excludes funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds). [2014 Gen. Session, HB 394, pg. 21]

Name of entity	Type of business or activity conducted by the entity

- 6. Entity or organization for which you serve on the board of directors or in any other type of paid leadership capacity (include current and preceding year).** [2014 Gen. Session, HB 394, pg. 21]  
*\* (only required to list those entities not already listed in responses to questions 3,4, or 5)*

Name of entity or organization	Type of business or activity conducted by the entity	Your position in the entity or organization

7. **Description of any real property in which the legislator holds an ownership or other financial interest that the legislator believes may constitute a conflict of interest. (optional)** [2014 Gen. Session, HB 394, pg. 22]

Description of the real property	Description of the type of interest held by the legislator
Part owner of a medical office building in Bountiful	Part owner

8. **Name of spouse and any other adult residing in your household who is not related by blood or marriage.** [see 2014 Gen. Session, HB 394; pg. 22]]

<b>Name of SPOUSE:</b> <b>Beverly J. Ward</b>
<b>Names of OTHER ADULTS residing in home who are not related by blood or marriage:</b>

9. **Employment information for your spouse and any other adult residing in your household that is not related to you by blood or marriage - include current employer and employer(s) during the preceding year.**  
 [2014 Gen. Session, HB 394, pgs. 20 and 22]

<b>SPOUSE's current employer(s):</b>	<b>Address of spouse's current employer(s)</b>
<b>SPOUSES's employer(s) in the preceding year:</b>	<b>Address of spouse's preceding year employer(s)</b>
<b>Information for other adults not related by blood or marriage who are living in the same home as officeholder:</b>  <b>NAME OF INDIVIDUAL:</b>	<b>Brief description of employment &amp; occupation</b>
<b>NAME OF INDIVIDUAL:</b>	<b>Brief description of employment &amp; occupation</b>

10. Any other matter or interest you believe may constitute a conflict of interest.  
*(optional)* (2014 Gen. Session, HB 394, pg. 22)

**I certify that I believe the information provided on this form  
is true and accurate to the best of my knowledge.**

s/ Raymond Ward  
(Signature of House member)

1/3/16  
(Date)

*Received by the Chief Clerk of the House:*

s/ Sandy D. Tenney  
(Signature)

1/3/16  
(Date)